

# Committee for Political Action (PAC) Registration Form

**FILE**  
AUG 23 2004 1195  
DEAN HELLER  
SECRETARY OF STATE  
State of Nevada

Print or type the following information; complete both sides of this registration form:

**REGISTRATION:** (check one) ☒ New registration ☐ Amended registration (if amended list reason)

**REASON FOR AMENDMENT:** ☐ Change in officers ☐ Change resident agent  
☐ Other

**NAME OF COMMITTEE:** Nevada Health Care Association Quality First Political  
Action Committee (NHCA Quality First - PAC)

**Mailing Address:** 4550 West Oakey Blvd., #99 B  
Las Vegas NV 89102-1599  
City State Zip

**Telephone Number:** 702) 434-2273 **Facsimile Number:** 702) 434-3974

**Email Address:** executivedirector@nvhca.org **Website Address:** www.nvhca.org

**PURPOSE:** (Briefly state the purpose for which the political action committee was organized.)  
Advocate for legislation/regulation to improve the ability of Skilled  
and Intermediate Nursing Facilities to provide high quality care to  
Nevada citizens.

**RESIDENT AGENT:** (Pursuant to NRS 294A.260, each committee for political action must appoint and keep  
in this state a resident agent who must be a natural person who resides in the State of Nevada.)

**Name of Resident Agent:** Charles Perry

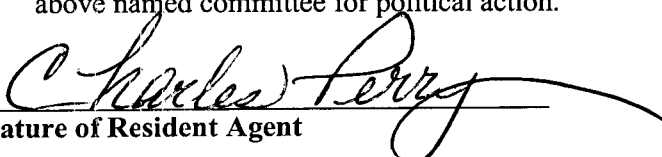
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**Email Address:** executivedirector@nvhca.org **Website Address:** www.nvhca.org

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Charles Perry, hereby accept appointment as Resident Agent for the  
above named committee for political action.

  
Signature of Resident Agent

August 20, 2004  
Date

**OFFICERS:**

(Please list the name, title and address of each officer.)

**Name**  
Frank Bellinger  
**Title**  
President

**Address**  
4550 W. Oakey Blvd., #99 B  
**City/State/Zip**  
Las Vegas, NV 89102-1599

**Name**  
Daniel Mathis  
**Title**  
Vice President

**Address**  
4550 W. Oakey Blvd., #99 B  
**City/State/Zip**  
Las Vegas, NV 89102-1599

**Name**  
Lynn Christensen  
**Title**

**Address**  
4550 W. Oakey Blvd., #99B  
**City/State/Zip**

**Secretary**

Las Vegas, NV 90102-1599

**Name**  
Michele Johnston  
**Title**

**Address**  
4550 W. Oakey Blvd., #99 B  
**City/State/Zip**

**Treasurer**

Las Vegas, NV 89102-1599

**Name**

**Address**

**Title**

**City/State/Zip**

**AFFILIATION:** (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

**Name of Organization:****Address:**

Nevada Association of Health Facilities, Inc.

4550 W. Oakey Blvd., #99 B

dba Nevada Health Care Association

Las Vegas, NV 89102-1599

**Submitted By:**

Charles Perry

Executive Director - CEO

Name of representative of group

August 20, 2004

Date

**Send Completed Form to:**

**SECRETARY OF STATE**

**101 NORTH CARSON STREET #3**

**CARSON CITY, NEVADA 89701-4786**

**PHONE: (775) 684-5705 FAX: (775) 684-5718**